**Our Family’s Strengths and Needs**

# At times children and families need a bit of extra support. We want families to know that it is ok to ask for help. You may have had help from your wider family and support networks, or from professionals in the community that you know like school or early years staff, health visitors, midwifes, doctors, or the voluntary sector.

# By having a conversation with the support of a trusted professional, it’s your chance to talk about what’s going well and identify any needs your family may have, so the right support can be provided in a co-ordinated way by a wide range of local organisations and agencies.

**Your agreement as parents/carers**

By signing below, I am agreeing to share my family’s strengths and needs, so that the right support can be provided to me and my family. As part of this I understand that this information, with my permission, will be shared with other professionals as needed, including being shared with other agencies should my family move to another area, or my child moves to a different educational setting.

Your information will be stored electronically with Oxfordshire’s Locality Community Support Service.

For more information on how your information is stored, please go to <https://www.oxfordshire.gov.uk/privacy>.

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| Primary carer 1 | Click to enter name. | Tel. number | Click to enter text. | Email address | Click to enter text. | Signature | Click to enter text. |
| Primary carer 2 | Click to enter name. | Tel. number | Click to enter text. | Email address | Click to enter text. | Signature | Click to enter text. |
| Young person/child | Click to enter name. | Tel. number  (if appropriate) | Click to enter text. | Email address  (if appropriate) | Click to enter text. | Signature  (if appropriate) | Click to enter text. |
| Are there any agencies you don’t give us consent to talk to? | | Click to enter name. | | | | Date | Click to enter date. |

**Your agreement as a professional**

I agree to help you complete this document and make plans with you to get things working well. This means I will:

* Help you to record what is working well and what could be better
* Liaise with agencies and other professionals involved in your life, for example doctors and health visitors
* Explain and if needed, organise a meeting called a team around the family meeting
* Use the Locality and Community Support Service (LCSS) for advice
* Request any support if needed
* Provide support from my organisation

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| Name | Click to enter name. | Signature | Click to enter text. |
| Organisation | Click to enter text. | | |
| Contact number | Click to enter text. | | |
| Email address | Click to enter text. | | |
| Date | Click to enter date. | | |
| **When you have completed this together, please tick the consent box at the end of this form before sending to the LCSS** | | | |

**Our family background and information**

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| What has led to the completion of the Strengths & Needs?  What do you hope will change? | Click to enter text. |
| Do any family members have specific communication needs? (Including language) | Click to enter text. |
| Date | Click to enter date. |

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| **Family members**  Please include below all those who are living in the family home and any other significant people who are part of your support network | | | | | | | | | | | | |
| Full name | DOB or estimated due date | Gender | Ethnicity | Nationality | Address and postcode | Family member? e.g., child, mother, grandparent, friend | If adult, do they have parental responsibility? | For children only: | | | | |
| EHCP | School attendance under 90% | A special educational need or disability?  (**Indicate primary/highest current need** and if “other” or more than one, give details in the next sections) | Is child a young carer? \*  (See note below) |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Click to enter name. | Click to enter date. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |  |  | Select from list | Select from list |
| Please add contact details for any of the significant people, who are part of your support network, listed above if needed: | | | | | Click to enter text. | | | | | | |

\*if yes, please complete the young carers questionnaire on OSCB early help pages

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| **Which agencies are or have been involved in supporting your family?**  Please include any agencies that are supporting or have supported your family in the past.  This could include anyone working with your family. e.g., CAMHS, mental health support team, housing adviser, attendance/exclusions officer, the voluntary or charity sector, adult services, toddler groups, out of school worker or holiday play scheme workers, SENSS teams e.g., communication and interaction (including autism / neurodiversity), physical disability etc.  Try to be as complete as possible. If you need to leave some bits blank, or put in approximate dates, that’s fine. | | | | | | | |
| Role | Agency / Organisation | Contact Name | Supporting who and how? | Contact details | Contributed to the assessment? Y/N | Start date | End date |
| Education (if electively home educated please state) | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Early years setting / childminder | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Doctor | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Dentist | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Health visitor or school health nurse | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Click to enter other role type | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Click to enter other role type | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |
| Click to enter other role type | Click to enter text. | Click to enter name. | Click to enter text. | Click to enter text. | Click to enter text. | Click to enter date. | Click to enter date. |

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| Parent / carer view | | Professional view | |
| Name | Click to enter name. | Name | Click to enter name. |
| Please use the strengths and need guide to help fill in this section. Guides can be found on the OSCB website | | Role | Click to enter text. |
| Organisation | Click to enter text. |

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| **Areas of your life / and your children/s** | **What’s working well?**  Record the good stuff. Think about what you’re good at, your successes.  Who makes up your support networks?  What has worked in the past? | **What could be better and why?**  What’s important to you and your family?  What could be better for you and your children? | **Professional view**  **What’s working well and what could be better and why?**  What is in place currently for things to be better?  What else is needed? |
| **Can you describe/tell me about your child/ren**   * Their health? * Their education (attendance and early years)? * Their emotions and behaviour? * What is their view of themselves? * Do they take care of themselves? (age appropriate) * How do they communicate and access learning? | Click to enter text. | Click to enter text. | Click to enter text. |
| **Can you tell me about wider family and support?**   * What is your experience of family, friends, and your local community? * What is your experience of growing up? * How do you manage with finances and employment? * How suitable is your housing? * How is your and your family’s health (physical / emotional)? | Click to enter text. | Click to enter text. | Click to enter text. |
| **Can you describe/tell me about your relationship with your child/ren?**   * Describe the relationship with you and your child/ren? * How do you care day to day for your child? * Are boundaries, routine, and stability in place for your child? What does this look like? * Do you feel safe in your home and community? * What is their experience of growing up in the family home? | Click to enter text. | Click to enter text. | Click to enter text. |

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| Child / young person view | | | | | | Date: | | Click to enter date. |
| Name: | Click to enter name. | | | | | | | |
| For younger children, use the child’s voice tools to gather their views. It can be attached to this form when sending into LCSS. | | | | | | | | |
| **Professional: Did you use the OSCB tools for younger children?**  If yes, please attach to the form when sending final copy LCSS for filing. | | | Yes  No | If yes, which one? | | | Click to enter text. | |
| **Professional: If the child/ren is preverbal or unable to communicate, use this section to record your (or other professionals) observations** | | | Click to enter text. | | | | | |
| **Some tips on questions to include in your discussion**  Home life? Feeling safe and warm? Own space? Can you talk to/communicate with your family? Relationship with those that live with you. School/college? Work? Friends? Hobbies? Community? Yourself? Identity/confidence? Who helps you stay healthy? Disability/health/learning need? Who can you talk to about your feelings? | | | | | | | | |
| **What’s working well?**  Record the good stuff and think about what you’re good at, your successes.  Who makes up your support networks?  What has worked in the past? | | **What could be better and why?**  What’s important to you and your family.  What could be better for you and your children? | | | **Professional view – if working with the child**  What is working well? What could be better and why? What is in place currently for things to be better? If significant concerns have been raised during your conversation with the family, what have you done to address these? What else is needed? | | | |
| Click to enter text. | | Click to enter text. | | | Click to enter text. | | | |

**Next steps**

For some families, completing this form can be enough to support change.

For others signposting to a single agency might be enough or a team around the family (TAF) might be required to ensure all agencies liaise and support your family in a planned way.

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| How will the family be supported? | | | | |
| Single agency support |  | Who?    Click to enter name. | Signpost to other services | Who?    Click to enter name. |
| Team around the family |  | If TAF, who will be invited and what are your desired outcomes?    Click to enter text. | | |
| Seek advice from LCSS |  | If LCSS, what support are you requesting?    Click to enter text. | | |
| Other |  | If other, what support needs were identified / what has been achieved by completing this process?    Click to enter text. | | |

* If moving to TAF this will be organised within six weeks of this form being completed
* Your support needs will be reviewed within the TAF every 6-12 weeks
* When outcomes are achieved a closure and evaluation form will be completed and sent to LCSS

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| Who will organise the TAF? | When will this happen? |
| Click to enter name. | Click to enter date. |

**TAF and the lead professional (LP)**

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| If a TAF is agreed, the author of this form should arrange the initial TAF and LP to be determined in the first TAF meeting. Discussions between professionals and the family should determine who is best placed to be the lead professional. The LP does not have to chair all meetings or complete all paperwork (this should be shared amongst the multi-agency professionals), but they should ensure that these actions take place and be a point of contact for the family. | | |
| If you are sending this form by email to LCSS can you confirm that you have consent to share it, that parent/carer/young person has read final version and you hold the original signed copy at your establishment? | | Yes |
| Have all parent, carers, child(ren), young people, professionals’ views been collected and have the family viewed the final version? | | Yes |
| Date of completion: | Click to enter date. | |

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| --- |
| Send copies of your completed documents to your local Locality and Community Support Service.  [LCSS@Oxfordshire.gov.uk](mailto:LCSS@Oxfordshire.gov.uk)  The Strengths & Needs and Team around the family processes are vital components of ensuring that  children and families get the right support at the right time in a co-ordinated way |